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ABSTRACT

This paper reviews and assesses the data that show black children are being placed in Educable Mentally Retarded (EMR) classes at rates which are two to four times greater than whites or any other ethnic group in the nation. Discussed are the results and implications of a study involving a comparative analysis of the national statistics of the number of blacks and whites assessed, identified and placed in EMR programs, and the criteria used by public schools for identifying and placing children in EMR programs. Included among the results were that while blacks comprise only 16 percent of the total student enrollment in public elementary and secondary schools, they make up 38 percent of the enrollment for EMR programs. The study suggests that racially and culturally fair assessment tools (as defined by Mercer) as well as a variety of formal and informal indicators of social, emotional and intellectual development are necessary in the evaluation of students. (JCD)

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"IDENTIFIED AND PLACED FOR LIFE: A REVIEW OF THE DISPROPORTIONATE NUMBER OF BLACK CHILDREN ASSESSED, IDENTIFIED AND PLACED IN PROGRAMS FOR THE EDUCABLE MENTALLY RETARDED"

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Black children are assessed, identified and placed in programs for the educable mentally retarded (EMR) at alarming rates of two to four times greater than whites and any ethnic group in this nation. While it is apparent that various definitions and criteria are used nationally for identifying EMR, it is defined as individuals who are significantly subaverage in general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period which adversely affects a child's educational performance. Eligibility for being certified as EMR is generally based on the assessment by a school psychologist. Eligibility is further based on the following criteria:

- there is evidence that the student's performance is essentially at the level of assessed potential;
- there is evidence of an inability to both learn and retain academic skills consistent with age expectations;
- there is evidence that the student poorly perfcrms verbal and non-verbal tasks related to the measurements of intelligence; and
- there is evidence of a limited capacity for abstract thinking both verbal and nonverbal.

The certification of a student as EMR is not based on deficits in learning resulting from social or functional retardation. Although this is not a criterion for EMR eligibility and placement, it is believed by some parents and educators that many children who have learning problems resulting from social and educational conditions are misclassified, labeled and placed as EMR. While some children may demonstrate learning problems where they are unable to achieve at the expected competency levels, there is no handicapping condition that necessitates labeling children as retarded and placement in an EMR program.

The massive labeling of black children literally sentences thousands to psychological social and emotional death from the first day they undergo testing in first grade and continue through the grades in public schools. Shocking evidence of this appalling situation is reflected in the 1978-79 school year statistics gathered by the Office for Civil Rights (OCR) of the United States Department of Education. OCR of the

Department of Education is responsible for monitoring recipients of Federal funds to assure compliance with Title VI of the Civil Rights Act of 1964, prohibiting discrimination on the basis of race or ethnicity; Title IX of the Education Amendment of 1972, prohibiting discrimination on the basis of sex; and Section 504 of the Rehabilitation Act of 1973 prohibiting discrimination of the basis of handicap. In this effort statistics are periodically gathered from public elementary and secondary schools. The statistics cited in this article are based on the most recent OCR survey conducted during the 1978-79 school year by Killalea Associates, Incorporated under Contract HEW 100-78-0063.

Based on the OCR statistics for school year 1978-79, the total Black public elementary and secondary school enrollment was 6,578,074 or 16% of the total national enrollment of 41,836,257. The total number of whites enrolled was 31,509,927 or 75% of the total enrollment. Native Americans, Asians and Hispancis respectively comprised 1%; 1%; and 7%. During the 1978-79 school year, the national total of Blacks enrolled in programs for EMR was 227,389 or 38% of the national total of EMR students; the total for whites was 336,371 or 56% of the total; the total for Native Americans was 5,674 or 1% of the total; the total for Asians was 2,198 or 0%; and the total for Hispanics was 27,631 or 5% of the total. It is important to mention that 3.5% of all Black children were placed in EMR programs while only 1% of all whites were placed in EMR programs.

Although this article presents information on the number of blacks in EMR programs, a further study of the OCR statistics reveals that Black children throughout this nation are more frequently suspended, expelled and corporally punished than whites and other ethnic groups. There is clearly a disproportionate percentage of Blacks who encounter violations of their civil rights.

There is widespread evidence that many Blacks are placed in classes for the mentally retarded based solely on an IQ score, disregarding a complete assessment of the total child which should include the following:

- Observation in school and home
- Psychological data regarding the intellectual ability and emotional data;
- Academic evaluation;
- Demonstrated efforts or strategies used by the school to intervene in ameliorating learning problems in the classroom, i.e., teacher, counselor, social worker, school psychologist and other agency support workers;
- Medical data to determine (a) central nervous dysfunction, (b) sensory acuity problems and (c) physical disabilities and/or health problems;
- Speech and language screening;
- Social history to determine the social, cultural, and/or economic factors which may have influence on the learning problems; and
- An adaptive behavior assessment of attention span, hyperactivity and distractibility.

To effectively and objectively measure the child's overall potential, assessment tools should be nondiscriminatory as defined by Mercer (1979): "racially and culturally non-discriminatory and based on the assumption that differing racial and cultural groups have the same average potential for acquiring any cultural heritage and the between group difference in average scores on standardized tests used in the schools is accounted for by different levels of exposure to the cultural materials covered in the tests.

Single measures of intelligence should never be used as the sole criterion for the indentification and placement of children in EMR programs or any special education program. The Children's Defense Fund (1974) found that group tests or individually administered standardized intelligence tests are the "least expensive way to diagnose a child." Consequently, some school districts tend to assess, identify and place students based on their findings from intelligence tests.

Obviously, the increase in the number and awesome disproportionate number of Blacks placed in special education classes raises some basic questions on the relevance, intent and bias of intelligence tests used to classify students. Clearly, intelligence tests are culturally biased against Blacks. Kamin (1974), Oakland (1977), Dunn (1971), Mercer (1975) and others have addressed the important issue of test bias. Intelligence tests are commonly used to view children and adults as either high scorers, middle scorers low scorers, high achievers, average, low achievers, retarded and a large group labeled an

treated as just plain losers. Of all the groups mentioned above, our society promotes and rewards the high achievers and penalizes the losers. (The large number of Blacks placed in EMR programs is most frequently referred to and treated as losers.)

Labeling of children can last for a life time. This process is also a stigma placed on the child and one which is difficult to remove. Joseph (1977) found that "IQ" scores may determine whether a child will be tracked for college preparation or vocational school; assigned to the 'Blue-Bird or Black-Bird' reading group; viewed as gifted or dull; classed as deprived or privileged or even whether the child will be called a success or failure."

Placement of children into categories serves the educational and political systems in identifying persons into "neat" packages of power or no power. Intelligence tests are commonly used to select, sort and place individuals into categories with accompanying labels which can last for an eternity. Kamin (1974) discussed the political uses of IQ tests and concluded that the tests foster the majority/white social views of various people. Kamin states that "the IQ test in America and the way in which we think about it has been fostered by men committed to a particular social view --- that view included the belief that those on the bottom are genetically inferior victims of their own immutable defects."

IQ tests can serve as a basis for the placement of thousands of Black children and youth into special education classes where they become depositories for the ethnically different and economically deprived. This type of placement identifies and underclasses individuals into the lowest social, economic and emotional rung in society for life. Ladner (1977) found that labeling Black children serves two important functions of society through (1) the classificatory scheme which allows for control and efficiency in school administration and (2) the alleged 'slow learner' gives some justification for continued discrimination against Black children --- the latter serves the additional function of reinforcing the feelings among whites that the 'slow learners' are that way because of their psychological and social inferiority." Johnson (1969) addressed the practice of

labeling and segregating Black children in school by stating "its (the schools) clientele has been labelled delinquent (culturally disadvantaged), and retarded, thus helping the general educational enterprise to avoid some of the responsibility for its failures to adapt to individual and collective needs."

Once placed in EMR programs, many Black children are destined to remain in special education classes for life. Gallager (1975) found in a study of large school systems that less than ten percent (10%) of the children placed in special education are ever returned to regular education. This situation is in violation of the philosophy of education EMR students and other special education students in the Least Restrictive Environments which supports mainstreaming special needs' students into regular class settings.

Purpose

The purpose of this article is three-fold:

- to review and compare the national statistics of the number of Blacks and whites assessed, identified and placed in EMR programs;
- to review the criteria used by public schools for identifying and placing children in EMR programs; and
- to present some recommendations to address the critical need to review the overall assessment, identification and placement process.

Research Model

A review, examination and assessment of available literature pertinent to the subject of the number of Blacks and whites placed as EMR reveal that the "Directory of Elementary and Secondary School Districts and Schools in Selected Schools: School Year 1978-79," published by OCR in the Department of Education is the primary national source

for statistical information. Data used in this study is based on these documents. Statistical information submitted by states to OCR was examined according to the following areas:

- A comparative analysis was made on the total number of Black students and white students enrolled in public elementary and secondary schools;
- An analysis was made of the total number and percentage of Black and white students (by state) enrolled in EMR programs. The percentage of Black or white students was determined by dividing the total number of EMR students by the total Black or white school enrollment; and
- A grouping was made of the state statistics for Blacks and whites based on the rate to which there was a disproportionate percentage. Comparisons of states were made and these data were tabulated.

The writer also conducted interviews with six directors of special education at the 1981 Convention of the Council for Exceptional Children to obtain their perceptions on the reasons for the large number of Blacks placed in EMR programs.

Assumptions of the Study

In researching the number of Blacks placed in EMR programs, the writer made the following assumptions prior to the review of available data:

- There is an awesome and statistically different variation throughout the nation in the number of Blacks placed in EMR programs when compared to whites.
- There is a statistically significant difference in the number of Black and white diagnostic personnel testing Black children in the public schools of this nation.
- There is a significant difference in the percentage of Blacks found to be in EMR programs in certain regions of this nation.

Findings

Based on OCR statistics, the following findings were identified in the study:

- While Blacks comprise only 16% of the total number of students in public elementary and secondary schools, they make up 38% of the enrollment in programs for EMR.

- Black children are disproportionately assessed, identified and placed in programs for EMR in every state of the United States. This rate varies from two (2) to four (4) timess the rates for whites.

- Nationally, Four Percent (4%) of all Black children are assessed, identified and placed in EMR programs.

- Black psychological workers (school psychologists, psychometrists, clinical psychologists and other assessment workers) comprise only five percent (5%) of the total.

- States with the highest percentage of Blacks (three (3) times or more the percentage rates of whites) classified and placed as EMR include: Alabama, Arkansas, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Missouri, Nebraska, North Carolina, North Dakota, Oklahoma, South Carolina, Tennessee, Virginia, and West Virginia.

Implications of the Study

The increasing number of Black children and youth placed in EMR programs throughout the nation raises some basic concerns about the assessment of students in the public schools. These concerns need to be thoroughly researched in future studies:

- How many Black students are referred for professional assistance from psychologists, educational assessors and others for helping the child function and remain in the regular classroom setting?

- Are students experiencing "learning problems" the largest group referred for testing? What is the nature or reason listed for referral?

- What is the overall responsibility of public schools in teaching all children in the Least Restrictive Environments?

- How much emphais does the school psychologist, educational assessor and other diagnostic team members place on teacher/counselor/principal comments, judgments and reasons for referral?

- What is the relationship of teacher/counselor/principal judgments and comments on the final assessment of the diagnostic team?

- Are students routinely referred for psychological testing and possible special education placement when they do not achieve and demonstrate the expected competencies?

- What comprehensive measurements are used throughout the nation to better assess and identify prescriptions for students?

- What definitions and criteria are used in states to assess, identify and placement students? Is there variance in the defintion, diagnostic methods

diagnostic methods used for the assessment, identification and placement from state to state?

Additionally, questions must be raised and answers found on the mission and responsibilities of the public school to educate and prepare all the students they serve, regardless of special needs:

- What efforts are made by teachers, counselors, administrators and support staff to take individual differences and interests into consideration through curriculum planning, development, implementation and evaluation?
- What supportive programs exist within the regular classroom setting to assist children who experience learning problems?
- What supportive services and programs are necessary to support the educational needs of all students?
- How do State Educational Agencies monitor assessment and placement procedures?

Failure to respond to these basic questions will continue to foster the attitudes and beliefs that special educational placement is the only patth to remedial assistance for students who experience 'failure' and need assistance and who are frequently labeled by teachers, counselors, administrators, peers and parents as "dull," "slow," "slow learners," "late bloomers," "uneducable," deficient," and "hopeless." It has been the experience of the writer that many parents perceive a special education placement as the only hope for their children to receive individualized educational assistance in the public schools.

In interviewing six special education directs of large school systems (with student enrollments in excess of 75,000 students) on the question of what prescriptive, developmental/remedial programs are available in the schools for students who are educationally deficient and mentally retarded- all interviewees expressed the concern that there is a dearth of psycho/social and educational support services for this type of student within regular education programs. Services for these students generally were thought by parents, teachers, administrators and others to only exist through initiating a formal student referral for pupil personnel, special services and special education services. Simply stated, this referral process was invariably regarded by the referring source (teacher, counselor, parent and administrator) and receiving source (school

psychologist, school social worker, educational assessor and other diagnostic personnel as a referral for possible special education placement.

Recommendations

- Public schools urgently need to incorporate within their missions the development, implementation and evaluation of educational programs and services to meet the needs of all students who have learning problems resulting from social and/or educational conditions and manifested in problems in reading, performing mathematical operation and social problems. Special education placement must not be the only alternative for youth who have educational problems and do not meet the expected levels of competency.

- State educational agencies and local school districts urgently need to develop, implement and evaluate non-discriminatory assessment procedures to assist in the comprehensive evaluation of all students.

- State educational agencies and local school districts urgently need to develop, implemen and adopt a comprehensive screening process for referrals. Screening must include the specific steps to be taken by the local school in its efforts to provide for the psycho/social/educational support to assist the child to learn and achieve in the least restrictive environment. In the absence of this information, the local school should be requested to demonstrate its efforts and be held accountable for providing support, i.e., instruction, counseling .

- State educational agencies and local school districts need to require professionals to seek professional growth and awareness in the use of non-discriminatroy assessment instruments and procedures. Staff development in the form of orientation sessions, seminars, college coursework and internships in child development centers need to be developed, implemented and evaluated to assist diagnostic personnel in becoming aware of and use comprehensive measure of assessment. Particular training should be spent on understanding the various cultures of students and their modes of communication and use of language.

- Parents urgently need to become more aware, responsible, involved and actively participate in obtaining educational services for their children in the school. They need to cease to believe that special education is the only option for children who experience problems in the mastery of skills in reading, writing and mathematics.

- Parents need to become aware and utilize their due-process rights regarding the assessment, identification and placement of their child.

- The Office for Civil Rights in the Department of Education as the monitoring agency for compliance needs to be given authority to mandate an immediate and comprehensive review of the EMR placements in all states where there is clearly a disproportionate number of Black students. Authorities should be given to vigorously charge those states with the violation of the child's civil rights.

- While definitions of handicpping conditions and the criteria for identification and placment of children appear to vary from state to state, state educational agencies and local school districts need to adopt and adhere to guidelines as outlined by the United States Deparment of Education's Office for Special Education and Public Law 94-142.

- School systems across the nation need to develop specific criteria for hiring school psychologist, educational assessors and other diagnostic personnel to more effectively reflect the type and quality of training essential to assess Black children. Clearly, school systems need to diligently pursue and hire Black psychologists.

Conclusion

As long as school psychologists and other assessment personnel continue to narrowly use intelligence tests such as the Stanford-Binet, Wechsler Intelligence Scale for Children, Peabody Picture Vocabulary Test and others as the measure of intelligence and basis for placement of Black children, we will continue to have the shocking statistics of more Black children labeled, placed and destined to live a life of second class citizenship. A review of these tests clearly illustrates that these tests measure the verbal skills in the English language and the majority/white culture. To rate as intelligent, according to the above test, one must be highly verbal in the English language and adept at mathematical manipulations. (Mercer, 1973).

The continued widespread use of intelligence tests will serve to penalize thousands of Black children by closing the door to opportunities for a healthy life. This situation will prevent many young people from enjoying their civil rights and further support the underclassing of many individuals in this society.

ANALYSIS OF THE NUMBER OF BLACKS AND WHITES PLACED IN PROGRAMS FOR THE EDUCABLE MENTALLY RETARDED BY STATES
SCHOOL YEAR 1978 - 1979

STATE	No. of Blacks	Total State Enrollment	% of Total EMR	% of Total Enrollment	No. of Whites	Total State Enrollment	% of Total EMR	% of Enrol.	State % of Blacks in EMR	State % of White in EMR
ALABAMA	16,714	257,990	62	34%	10,547	501,481	38	66	.06	.02
ALASKA	51	2920	6	3%	315	61,400	35	71	.01	.01
ARIZONA	607	19,614	12	4%	2585	338,874	50	67	.03	.01
ARKANSAS	6154	100,169	49	23	6346	338,883	51	77	.06	.01
CALIFORNIA	2700	398,225	16	10	9414	2,620,712	55	64	.01	.004
COLORADO	414	22,586	10	4	2757	437,393	64	80	.01	.01
CONNECTICUT	1517	59,283	29	10	3167	475,826	84	60	.02	.01
DELAWARE	1153	26,732	55	24	938	84,345	74	44	.04	.01
DISTRICT OF COLUMBIA	374	102,487	97	94	10	4,371	3	4	.004	.002
FLORIDA	13,934	350,159	66	23	6555	102,389	31	70	.03	.01
GEORGIA	16,157	371,983	68	35	7603	689,492	32	65	.04	.01
HAWAII										
IDAHO	5	550	0	0	1968	182,566	92	94	.01	.01
ILLINOIS	15,194	415,870	48	20	15175	1,526,193	48	73	.03	.01
INDIANA	4704	103,704	25	9	13995	986,553	74	89	.04	.01

STATE										
IOWA	551	12,385	6	2	8080	532,759	92	96	.04	.01
KANSAS	988	30,901	17	7	4575	375,702	79	89	.03	.01
KENTUCKY	3572	57,922	21	8	13,997	626,372	79	92	.06	.02
LOUISIANA	11714	330,829	73	40	4068	472,619	25	58	.03	.01
MAINE	20	662	1	0	3175	218,558	99	99	.03	.01
MARYLAND	5788	241,432	60	29	3831	558,563	40	68	.02	.01
MASSACHUSETTS	459	61146	9	6	4430	934,831	86	91	.01	.01
MICHIGAN	5471	277,686	28	15	13,792	1,575,144	69	82	.01	.01
MINNESOTA	442	14,050	5	2	8192	751,473	91	95	.03	.01
MISSISSIPPI	10865	234690	77	48	3268	251,016	23	51	.04	.01
MISSOURI	5598	126,322	29	14	13,740	746,986	71	85	.04	.01
MONTANA	2	381	0	0	1086	127,884	83	90	.01	.01
NEBRASKA	1051	13,635	20	5	3956	233,060	74	91	.07	.01
NEVADA	185	13,391	23	9	513	120,876	65	83	.01	.004
NEW HAMPSHIRE	9	792	1	0	1285	157,092	99	99	.01	.01
NEW JERSEY	5085	225,957	43	17	5114	960,417	43	77	.02	.01
NEW MEXICO	153	7631	5	3	727	127,884	25	47	.02	.01

NEW YORK	7830	533,962	32	18	13,323	2,036,777	55	69	.01	.01
NORTH CAROLINA	2182	346,324	61	30	13,112	802,558	37	69	.06	.01
NORTH DAKOTA	50	463	1	0	1145	90,568	92	93	.10	.01
OHIO	11614	261,517	22	13	39,346	1,771,036	76	86	.04	.02
OKLAHOMA	2856	52,596	27	10	6486	416,558	62	77	.05	.01
OREGON	156	10,684	5	2	2847	416,520	89	92	.01	.007
PENNSYLVANIA	7057	243,638	23	12	22,225	1737139	74	86	.02	.01
RHODE ISLAND	135	7513	11	5	1073	154252	85	93	.01	.01
SOUTH CAROLINA	16002	263,915	75	41	5192	371040	24	58	.06	.01
SOUTH DAKOTA	6	378	1	0	969	115,573	88	92	.01	.01
TENNESSEE	8169	182,494	40	21	12,326	667,691	60	78	.04	.01
TEXAS	9594	413,849	39	15	8488	1,652,616	34	59	.02	.01
UTAH	51	1727	2	1	2219	298,417	86	93	.02	.01
VERMONT	4	214	0	0	1139	79,536	99	99	.01	.01
VIRGINIA	8,075	266,496	53	25	7,041	768,965	46	73	.03	.01
WASHINGTON	461	24,862	6	3	6801	684,999	84	89	.01	.01

WEST VIRGINIA	622	18,285	8	5	7330	377,646	92	95	.03	.01
WISCONSIN	1090	43,829	10	5	9612	806,709	87	92	.02	.01
WYOMING	14	775	2	1	508	82,024	85	91	.01	.01

SOURCE: Directory of Elementary and Secondary School Districts, and Schools in Selected School Districts: School Year 1978-1979
U. S. Department of Education, Office for Civil Rights. A compilation based on these documents.

Footnotes

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